Six Truths About Dental Cabinetry / Millwork

THEORY #1:

Pre-manufactured dental cabinetry offers superior ergonomic design.

TRUTH:

One would expect that to be true. Unfortunately, that is a profound fallacy! In fact, many of the products designed and produced by those companies necessitate class IV and class V movements for the assistant and clinician to access equipment and materials; thereby necessitating the temporary loss of physical and visual contact with the patient. Some designs actually necessitate that the assistant leave his/her stool and bend or kneel to access storage spaces.

Our designs are based on the ergonomic principles of Four-handed Dentistry and maximize efficiency. Additionally they are designed to include the efficient use and convenient storage of clinical adjuncts, i.e. electrosurge, air-abrasion, intra-oral camera, laser, etc. The cumulative effect is a work environment that is designed for the user(s) as opposed to the user(s) adapting to a pre-conceived, one-size-fits-all design concept.

MOVEMENT:

I- Fingers only; II- Fingers and wrist; III- Fingers, wrist, elbow; IV- Entire arm and shoulder; V-Torso

THEORY #2:

Pre-manufactured dental cabinetry is superior to others in fit and finish.

TRUTH: Impossible! There is simply nothing better than “the best”. Therefore all that anyone can claim is that they are using “the best” materials and techniques. The fact is that the materials that are available to the dental manufacturers, are available to every designer and fabricator. Please review and compare the list with anyone who purports that they offer a superior product, and ask them to demonstrate their claim.

THEORY #3:

Pre-manufactured dental cabinetry is better constructed than that of others.

TRUTH:

Impossible! There are only a few techniques that merit distinction as quality cabinet construction. With the exception of “furniture quality” (sophisticated joinery and solid, hardwood construction) there is no difference in the finished product of the carcass (shell) of the cabinet. Screws, dowels, biscuits and adhesives all result in solid construction.
Six Truths . . . (continued)

THEORY #4:
Pre-manufactured dental cabinetry offers superior finishes to those of others.

TRUTH:
Again, impossible! Although they are in no way superior, there are two factors that could distinguish those products as "different".

1. They could have their own pattern produced in the surface of a plastic laminate. To clarify: Plastic laminate is comprised of several layers of craft paper. The last layer bears a “photograph” of an image (pattern, color, wood grain, etc.). That surface is covered with clear melamine [plastic] to provide a resistant and durable surface- thus the term “plastic laminate”. Anyone can order “custom” laminate- for a price. The fact is that it no better than any of the hundreds of plastic laminates available on the open market.

The exclusivity of a “proprietary finish” actually creates problems for two reasons:

A. It restricts the potential to match any adjunctive millwork that might be Positioned in direct adjacency to the dental cabinetry;
B. Potential for the same pattern to be available years hence could be a concern if that pattern of color is phased-out. Should that happen, the ability to replace a door, drawer front or panel with one that would match the original could be eliminated.

2. They could produce their own injection-molded, door and drawer-front design. That option is, again, available to all designers and manufacturers. It’s simply a matter of investing in the die or mold. Injection-molding is nothing new or innovative. In fact, that method is used commonly by many manufacturers who produce kitchen and bath cabinetry; as sold in all “Big Box” stores. Further, the injection-mold concept is more prevalent in the lower-end lines of cabinetry, due to the obvious cost savings. So a door that appears to be “raised panel” construction is simply formed in that shape.

The bottom line is that the integrity of those doors and drawer fronts is comparable to that of all other products. The only distinction is that the design might be unique in appearance. For “a price” those features can readily be replicated or improved-upon. The bottom line is- like the “proprietary laminate”- the mold forms may not be available in subsequent years- a profound example of Planned Obsolescence.

THEORY #5:
Pre-manufactured dental cabinetry is a better value than that of others

TRUTH:
Impossible! Our designs have consistently been constructed by high-end, custom cabinet shops. In the majority of cases, the costs for the same volume of storage as that existent in pre-manufactured, dental cabinetry have been half of the cost of pre-manufactured dental products. When you consider the amount of money that will be invested in cabinetry for treatment, hygiene, sterilization and lab cabinetry, the savings in the physical end products alone is astounding. The ergonomic benefits are virtually limitless.
Six Truths . . . *(continued)*

**THEORY # 6:**

Pre-manufactured dental cabinetry offers features and functions that are not available anywhere else.

**TRUTH:**

Not true! We have done it all: Glass doors; LED or low-voltage lighting; pneumatic doors; pneumatic water controls; super-heated “instrument drying” storage space. These “features” provide no distinctive benefit that can’t be accommodated conventionally or creatively—absent extraordinary cost. In kind, the hardware that would support the function of a slide-out, pop-up, pivot or hide-away components is available from numerous hardware manufacturers.

**THE BOTTOM LINE:**

We live in a world of compromise. Office space selections are commonly based on what is available and is typically based on location, size, need, cost and convenience. Therefore, it is not unusual for there to be physical conditions that compromise the use of pre-designed cabinetry in optimal orientation that would maximize function and flow. We share these thoughts for consideration:

1. To select or design an office *around* any product or pre-made assembly of products, would be like designing a house around a 7’-2” distant relative.

2. Angled or curved walls, windows, doors and vital equipment all need to be accommodated. Cabinetry can be custom-designed to maximize the use of the site-specific condition.